

Tying up Loose Ends: Avoiding Common Oversights in the Application Process



Grantsmanship
Workshop



APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

1. * TYPE OF SUBMISSION

- ☐ Pre-application ☐ Application
☐ Changed/Corrected Application

2. DATE SUBMITTED

/ /

Applicant Identifier

3. DATE RECEIVED BY STATE

/ /

State Application Identifier

4. Federal Identifier

5. APPLICANT INFORMATION

* Organizational DUNS:

* Legal Name:

Department:

Division:

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country:

USA: ▼

* ZIP / Postal Code:

Person to be contacted on matters involving this application

Prefix:

▼

* First Name:

Middle Name:

* Last Name:

Suffix:

▼

* Phone Number:

Fax Number:

Email:

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

7. * TYPE OF APPLICANT:

Please select one of the following ▼

Other (Specify):

Small Business Organization Type

☒ Women Owned

☒ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:

☐ New

☐ Resubmission

☐ Renewal

☐ Continuation

☐ Revision

If Revision, mark appropriate box(es).

☒ A. Increase Award ☒ B. Decrease Award ☒ C. Increase Duration

☒ D. Decrease Duration ☒ E. Other (specify)

9. * NAME OF FEDERAL AGENCY:

CSREES

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10.206

TITLE:

Grants for Agricultural Research Competitive Research Grants

* Is this application being submitted to other agencies? Yes ☐ No ☐

What other Agencies?

Application Cover Page

Applicant Information

Awards are made to the institutional name that appears in Field 5 "Legal Name" on the SF 424 Cover Page

Assurance Statement

Institutions receiving CSREES funding for research are responsible for protecting human subjects and providing humane treatment of live vertebrate animals

CSREES policy requires an assurance by the Institution's Authorized Organizational Representative (AOR) that appropriate committees at each Institution have carried out the initial reviews

RESEARCH & RELATED Other Project Information

1. * Are Human Subjects Involved? ☐ Yes ☐ No

1.a If YES to Human Subjects

Is the IRB review Pending? ☒ Yes ☒ No

IRB Approval Date:

Exemption Number: ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6

Human Subject Assurance Number:

2. * Are Vertebrate Animals Used? ☐ Yes ☐ No

2.a If YES to Vertebrate Animals

Is the IACUC review Pending? ☒ Yes ☒ No

IACUC Approval Date:

Animal Welfare Assurance Number

3. * Is proprietary/privileged information included in the application? ☐ Yes ☐ No

4.a. * Does this project have an actual or potential impact on the environment? ☐ Yes ☐ No

4.b. If yes, please explain:

4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed? ☒ Yes ☒ No

4.d. If yes, please explain:

5.a. * Does this project involve activities outside the U.S. or partnership with International Collaborators? ☐ Yes ☐ No

5.b. If yes, identify countries:

5.c. Optional Explanation:

6. * Project Summary/Abstract

7. * Project Narrative

8. Bibliography & References Cited

9. Facilities & Other Resources

Assurance Statement

CSREES also requires AOR certification by citing a timely date that an appropriate committee issued an approval.

If you've checked the block marked "yes" in response to question 1 or 2 on the R&R Other Project Information form, you must include the approval date(s) from appropriate committee(s) in sections 1.a or 2.a

Subcontracts must comply also and it is the primary grantee's responsibility to ensure subawardee's compliance.

Assurance Statement

Approval dates for human subjects are good for 1 year

Approval dates for Vertebrate animals are good for 3 years

If approval date is due to expire three months prior to the award date then 1/3 of the grant funds will be withheld

National Environmental Policy Act Exclusions (NEPA)

Environmental data or documentation is required in order to assist CSREES in carrying out its responsibility under NEPA, which includes determining whether the proposed activity requires the preparation of an environmental assessment or an environmental impact statement, or whether such activity can be excluded from this requirement on the basis of several categories

RESEARCH & RELATED Other Project Information

1. * Are Human Subjects Involved? ☐ Yes ☐ No

1.a If YES to Human Subjects

Is the IRB review Pending? ☒ Yes ☒ No

IRB Approval Date:

Exemption Number: ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6

Human Subject Assurance Number:

2. * Are Vertebrate Animals Used? ☐ Yes ☐ No

2.a If YES to Vertebrate Animals

Is the IACUC review Pending? ☒ Yes ☒ No

IACUC Approval Date:

Animal Welfare Assurance Number

3. * Is proprietary/privileged information included in the application? ☐ Yes ☐ No

4.a. * Does this project have an actual or potential impact on the environment? ☐ Yes ☐ No

4.b. If yes, please explain:

4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed? ☒ Yes ☒ No

4.d. If yes, please explain:

5.a. * Does this project involve activities outside the U.S. or partnership with International Collaborators? ☐ Yes ☐ No

5.b. If yes, identify countries:

5.c. Optional Explanation:

6. * Project Summary/Abstract

7. * Project Narrative

8. Bibliography & References Cited

9. Facilities & Other Resources

National Environmental Policy Act Exclusions (NEPA)

It is necessary for the applicant to advise CSREES whether the proposed activity falls into one of the Department of Agriculture or CSREES categorical exclusions

Line 4.b. is ONLY applicable if you've checked "yes" on line 4.a

http://www.access.gpo.gov.nara.cfr/waisidx_04/7cfr3407_04.html

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator

Prefix * First Name Middle Name * Last Name Suffix

<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
-------------------------------	-------------------------------	-------------------------------	-------------------------------	-------------------------------

Position/Title: Department:

Organization Name: Division:

* Street1: Street2:

* City: County: * State: Province:

* Country: * Zip / Postal Code:

* Phone Number

Fax Number

* E-Mail

<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
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Credential, e.g., agency login:

* Project Role: Other Project Role Category:

*Attach Biographical Sketch

Add Attachment

Delete Attachment

View Attachment

Attach Current & Pending Support

Add Attachment

Delete Attachment

View Attachment

PROFILE - Senior/Key Person 1

Prefix * First Name Middle Name * Last Name Suffix

<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
-------------------------------	-------------------------------	-------------------------------	-------------------------------	-------------------------------

Position/Title: Department:

Organization Name: Division:

* Street1: Street2:

Senior/Key Person Profile

In order for the Co-PD(s) name(s) to appear on the Award Documents, they **MUST** be identified in the "Project Role" section in the "Senior/Key Person Profile" as a Co-PD

The government is coordinating an effort to recognize multiple PD's on awards; however, this has not been finalized yet

Award Duration (No. of Months)

If your project is being funded for multiple years you **MUST** provide a separate budget form and narrative/justification for each year and a cumulative budget form and narrative/justification for the total years

Insufficient budget/narrative information will result in withholding ALL grant funds

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS: [REDACTED]

* **Budget Type:** ☒ Project ☐ Subaward/Consortium

Enter name of Organization:

Reset Entries

* Start Date: // * End Date: // Budget Period: 1

(If the Reset Entries button is pressed please navigate to previous year to enable the submission of the form.)

A. Senior/Key Person

[illegible]

9. Total Funds requested for all Senior Key Persons in the attached file

Total Senior/Key

Additional Senior Key Persons:

Add Attachment

Delete Attachment

[View Attachment](#)

B. Other Personnel

[illegible]

Salaries and Wages

Indicate the number and kind of personnel for whom salary support is sought

Project Director (PD)

Co-PD's

Senior Associates

Research Associate

Secretarial and clerical salaries (justification of direct involvement must be included in the narrative)

Salaries and Wages

Explain how the level of compensation was established

For example: PD salary is based on .5 FTE of his/her yearly salary (\$60,000)



RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:

* Budget Type: ☐ Project ☐ Subaward/Consortium

Enter name of Organization:

[Reset Entries](#)

* Start Date: / / * End Date: / / Budget Period: 1

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the

C. Equipment Description

List items and dollar amount for each item exceeding \$5,000

	Equipment item	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>
11.	Total funds requested for all equipment listed in the attached file	<input type="text"/>
	Total Equipment	<input type="text"/>

Additional Equipment:

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

D. Travel

Funds Requested (\$)

1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)

2. Foreign Travel Costs

Non Expendable Equipment

This category includes items of equipment equal to or in excess of \$5,000 (or lower depending on the institutional policy) and having a useful life of more than one year

Each piece of equipment must be listed individually by item and dollar amount

A brief narrative on the type of equipment, and the intended use of the equipment for project objectives is required

* ORGANIZATIONAL DUNS:

* Budget Type: ☐ Project ☐ Subaward/Consortium

Enter name of Organization:

[Reset Entries](#)

* Start Date:

* End Date:

Budget Period: 1

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the

C. Equipment Description

List items and dollar amount for each item exceeding \$5,000

	Equipment item	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>
11.	Total funds requested for all equipment listed in the attached file	<input type="text"/>
	Total Equipment	<input type="text"/>

Additional Equipment:

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

D. Travel

	Funds Requested (\$)
1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	<input type="text"/>
2. Foreign Travel Costs	<input type="text"/>
Total Travel Cost	<input type="text"/>

Travel

Provide information used in estimating this cost such as:

The destination (if known)

Purpose

Number of travelers

Estimated cost per trip

Mileage

All Other Direct Costs

Anticipated direct project charges not included in other budget categories

Examples of cost included in this category are:

subcontractor(s), consultant(s),
communication cost such as telephone
charges (long distance), postage, mailings

All Other Direct Costs

Cost of holding a conference or meeting are also included in this category

Some examples are:

The rental of facilities and equipment for the meeting (number of rental days and dollar amount per day)

Honorariums to persons providing a service are allowable (Provide information regarding the honorarium amount what the person is doing to earn the honorarium)

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 1

Next Period

* ORGANIZATIONAL DUNS:

* Budget Type: ☐ Project ☐ Subaward/Consortium

Enter name of Organization:

Reset Entries

* Start Date: / / * End Date: / / Budget Period: 1

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the

F. Other Direct Costs

Funds Requested (\$)

1. Materials and Supplies

2. Publication Costs

3. Consultant Services

4. ADP/Computer Services

5. Subawards/Consortium/Contractual Costs

6. Equipment or Facility Rental/User Fees

7. Alterations and Renovations

8.

9.

10.

Total Other Direct Costs

G. Direct Costs

Funds Requested (\$)

Total Direct Costs (A thru F)

H. Indirect Costs

Indirect Cost
Rate (%)

Indirect Cost
Base (\$)

* Funds Requested (\$)

Indirect Cost Type

1.

2.

All Other Direct Costs

Acceptable materials and supplies range from office supplies and software to educational and field supplies

Provide a list of materials and supplies in general terms



All Other Direct Costs

Subcontractor - a portion of the proposed work will be performed by outside sources

Required items are:

Budget

Narrative/Justification

Statement of work

Signed letter of intent

All Other Direct Costs

Consultant(s) – third party who renders expert advise

Required items are:

Resume

Statement of work

Daily rate of pay (pay should not exceed the salary of an Executive Level IV; currently \$143,000 per year or \$550.00 per day; rates exceeding this amount must be justified)

Signed letter of intent

Indirect Costs (IDC)

If IDC are allowable to the program:

Section 709 of the General Provisions in FY 2006 Agricultural Appropriation Act (Public Law 109-97) limits indirect costs to 20% of the Total Federal Funds Awarded

Same for FY 2007

* Budget Type: ☐ Project ☐ Subaward/Consortium

Enter name of Organization:

Reset Entries

* Start Date: / /

* End Date: / /

Budget Period: 1

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the

F. Other Direct Costs

Funds Requested (\$)

1. Materials and Supplies

2. Publication Costs

3. Consultant Services

4. ADP/Computer Services

5. Subawards/Consortium/Contractual Costs

6. Equipment or Facility Rental/User Fees

7. Alterations and Renovations

8.

9.

10.

Total Other Direct Costs

G. Direct Costs

Funds Requested (\$)

Total Direct Costs (A thru F)

H. Indirect Costs

Indirect Cost Type

**Indirect Cost
Rate (%)**

**Indirect Cost
Base (\$)**

*** Funds Requested (\$)**

1.

2.

3.

4.

Total Indirect Costs

Indirect Costs (IDC)

If the grantee's approved negotiated rate results in a lesser dollar amount, then that rate should be used

If the proposed subcontractor does not have an established federally approved IDC rate with a cognizant agency, they cannot request IDC in their budget

The subawardee can rebudget those costs as long as they are pro-rated across all awards

Cost-sharing/Matching

These items are interchangeable and refer to the portion of allowable project costs which are contributed from a non-Federal source

Cost-sharing may be composed of:

Cash Contributions

In-Kind Contributions

Cost-sharing/Matching

Cash Contributions refers to:

Allowable costs incurred by the grantee or subgrantees in the performance of approved project objectives

Cash contributed to the grantee by non-Federal third parties which then will be used to cover allowable costs incurred by the grantee or subgrantee

Cost-sharing/Matching

Some examples of Cash Contributions are as follows:

The grantee's cost to purchase items of equipment to be used for a project

The grantee's cost to pay the salary of grantee employees in proportion to their efforts under a project

Indirect Costs

Cost-sharing/Matching

In-Kind Contributions refers to:

Value of allowable non-cash contributions which will directly benefit a project and which are provided by non-Federal sources



Cost-sharing/Matching

Some examples of In-Kind Contributions are as follows:

Value of services which are donated by a person to a project (the person is not compensated with project funds, but donating time to work on the project; the value of the time is used to meet cost-sharing requirements)

Rental of space, laboratory, or classroom use costs (these charges are allowable if needed to conduct the project, as long as they are normally charged to all projects and are not included as part of the University's indirect cost rate base)